
First Evaluation of the IowaCare Program

Public Policy Center
University of Iowa

The Health and Human Services Subcommittee
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Starting point for evaluation

- IowaCare is a limited provider, limited benefit public insurance-model program
 - Providers: UIHC, Broadlawns and 4 MHIs
 - Benefits: Very limited dental DME, and Rx drugs (generics provided by UIHC)
 - Insurance model: Premium-based (for those above 100%FPL), not based on health need like Indigent care program



Method of evaluation

- Enrollee perspective-surveys
- Administrative data-enrollment, use and outcomes
- Provider perspective-focus groups

Enrollee perspective-surveys

- Instrument based on CAHPS® 4.0
 - IowaCare specific questions added
- Written surveys-Spring 2008
 - 1600 Polk County/1600 rest of state
 - Phone follow-ups to complete survey (ISU)
 - Weighted to represent state population
 - 56% response rate
 - Bias toward those older and women
- Designed to compare providers
 - UIHC VS Broadlawns

Administrative data

- IowaCare claims and enrollment files used in the analyses
- Enrollment information
 - By age and gender
 - Re-enrollment
- Outcomes of care

Provider perspectives

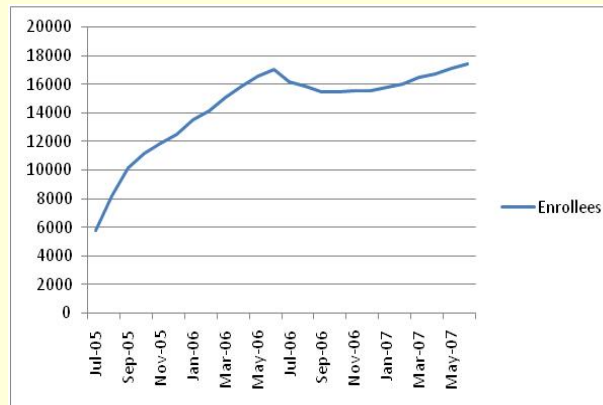
- Interviews and Focus Groups
 - University of Iowa Hospitals and Clinics
 - Broadlawns
 - Independence Mental Health Institute
 - Mt. Pleasant Mental Health Institute
 - Clarinda Mental Health Institute
 - Cherokee Mental Health Institute

Enrollment in IowaCare

Enrollment issues

- Eligibility:
 - Adults 19-64 <200%FPL,
 - Pregnant women 200-300%FPL,
 - Former state papers participants (grandfathered in)
- Enrollment exceeded expectations
 - Estimated 14,000
 - Now over 27,000
- Over half worried about ability to pay premium

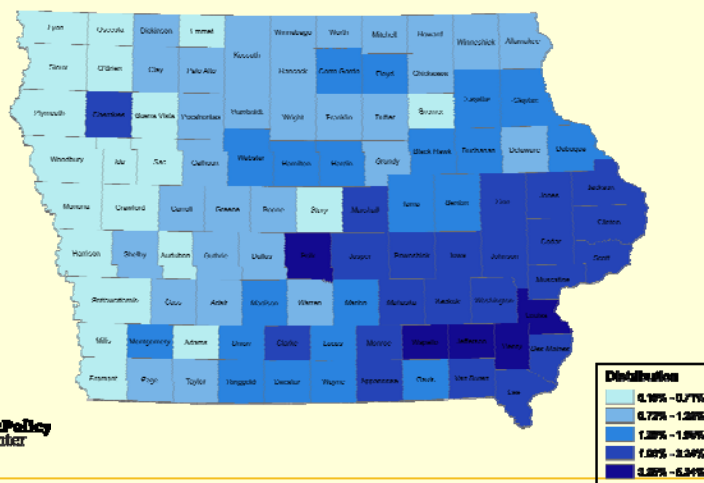
Enrollees per month



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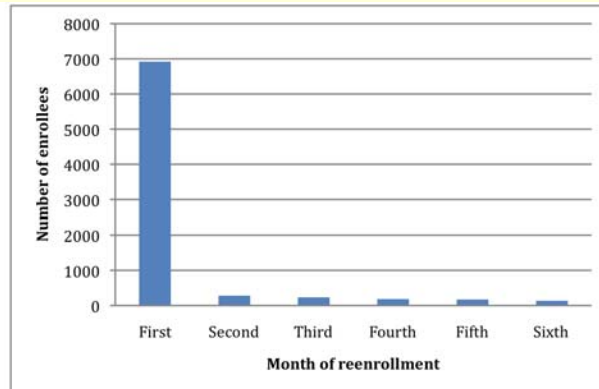
Proportion of IowaCare enrollees to total adult population by county, FY 2006-2007



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Month of re-enrollment



Previous insurance coverage-

Many without insurance for long
period before IowaCare

Previous insurance coverage

- 2/3rds without insurance at least 2 yrs
 - 1 in 4 never had insurance
 - 40% employer-based
 - 13% Medicaid
 - 12% had been in Indigent Care Program
- 90% had food assistance at some time

Health status of enrollees-

many with chronic illnesses

Low enrollee health status-care used

Top 5 medical

- Hypertension
- Back pain
- Chest pain
- Resp. infections
- Diabetes

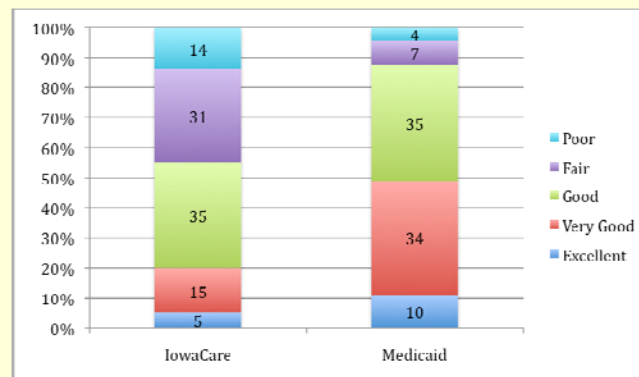
Top 5 mental health

- Depression
- Anxiety
- Alcohol
- Manic/psychoses
- Neuroses

Low enrollee health status-self report

- Much lower than for non-disabled Medicaid enrollees
 - 41% Fair or poor (11% Medicaid)
- Most common self-reported chronic conditions
 - Mental health (depression-80%, anxiety-60%)
 - Dental (43%)
 - Back, neck, joint, arthritis (42%)
 - Hypertension (39%)

Health status-self report



Utilization of services-

Mixed message

Utilization of services

- 2/3rds had a personal doctor
 - ¼ at UIHC, 18% Broadlawns
 - For most, this was a new personal doctor
 - Most had a visit in previous 6 months
 - 19% had personal MD elsewhere
 - More likely non-Polk
- ½ called for medical assistance
 - ¾ always or usually got help wanted

Utilization of services

- 2/3rds had ED visit in previous 6 months
 - Mental health, chest pain, abdominal pain, back pain
- ½ needed urgent care in past 6 months
 - 1/3 went outside network (esp. non-Polk)
- 2/3rds had routine care visit
 - Half had a visit outside network
- ¼ no preventive visit past 3 years

Utilization of services

- Almost $\frac{1}{2}$ tried to see specialist (80% did)
 - Polk residents came to UIHC more than for other care
- 15% hospitalized past 6 months
- $\frac{3}{4}$ needed Rxs
 - 90% for chronic condition
 - 2/3rds got them from UIHC/Broadlawns
- 10% needed DME (1/2 got it)
- 20% tried to get dental (more Polk)
 - $\frac{1}{2}$ outside Polk successful (80% in Polk)

Utilization-claims data

- Younger enrollees were more likely to use ER than older enrollees
- Older enrollees were more likely to use outpatient care, inpatient care, and outpatient surgery

Could be due to previous link to services or chronic nature of problems in older enrollees

Use of ambulatory health services

Age	FY 2006	FY 2007
19-44 years	70%	51%
45-64 years	77%	63%
Total	74%	61%
MediPASS Managed care enrollees		
19-44 years	85%	89%
45-64 years	85%	86%

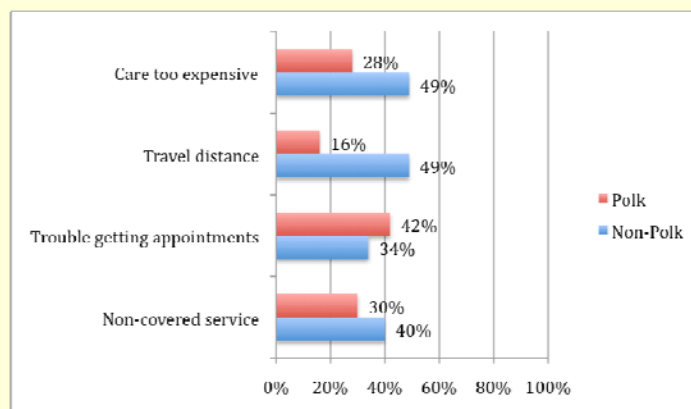
Access to care-

Mixed message

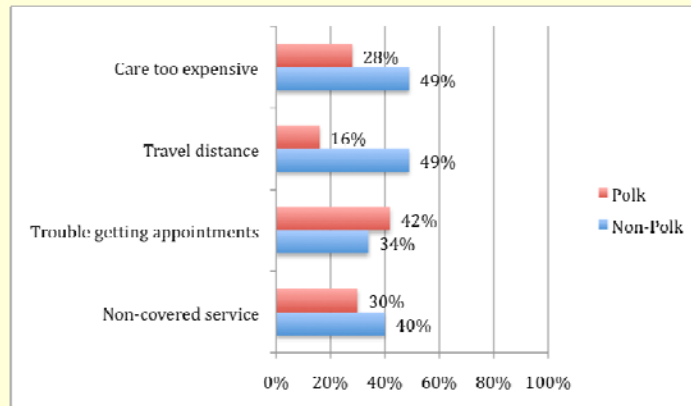
Access issues studied

- Unmet need routine care-33%
 - 18% Polk, 42% non-Polk
- Got appointments as soon as needed
 - 67% always/usually
 - 33% sometimes/never
- Unmet need specialty care-37% of w/need
- Unmet need preventive care-23%
- Unmet need mental health care-39% of w/need

Reasons stopped routine care



Reasons stopped mental health care



Access to care

2/3-1/3 rule

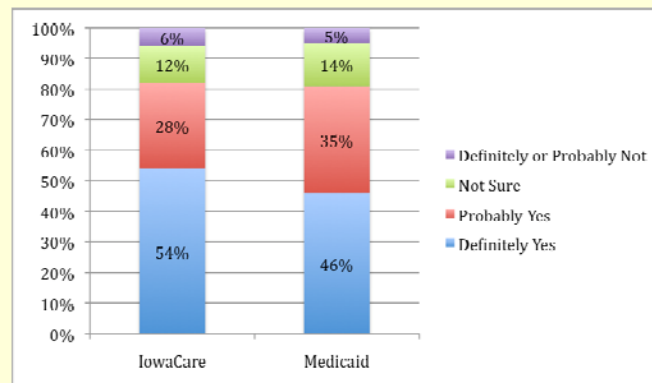
- Routine care
 - 1/3 unmet need-cost, travel, appt. (Polk)
- Urgent care
 - 1/3 delayed, more likely if go outside network
- Specialist
 - 1/3 unmet need
- Mental health
 - 40% unmet need

Quality of care

Quality of care

- All care rated same UIHC/Broadlawns
 - Slightly lower than for Medicaid
- Personal MD rated higher Broadlawns
 - Time with patient a factor
- Specialists, hospital care rated higher at UIHC

Recommend IowaCare to others



Provider perspectives from focus groups

Provider perceptions

- Application easy except
 - Birth certificate requirement
 - Verification of eligibility.
- Physicians have very little or no interaction with the IowaCare program regarding coverage.

Provider perceptions

- Social workers working with patients on aftercare/discharge.
- Reaching services location and logistics
- Lack of coverage for pharmaceuticals, durable medical equipment, vision, dental and continuing care (nursing homes), and mental health services.

Provider perceptions-treatment

- All patients received the care they need for the presenting issue
- Issues with referrals to UIHC specialty clinics
- Practice guidelines and protocols reported to be the same for all patients, regardless of insurance
- Medications are prescribed generic unless there is a medical reason to prescribe name-brand

Provider perceptions-specific

- MHIs
 - Shortage of psychiatrists in Iowa
- UIHC
 - Concern about payment for hospital care but not for physician services
 - Clinic volume greater than anticipated

Summary

- Enrolling very sick population
- Many previously uninsured for a long time
- Program meeting needs of 2/3rds pretty well
 - 1/3 have issues with cost, access
 - Those outside Polk County have more issues
 - Polk have more unmet needs from trouble getting appointments-delays more likely at UIHC